

# **Wisconsin Substance Abuse Treatment Capacity Analysis: 1996**

## **Executive Summary and Implications**

Attempts have been made in the past to estimate Wisconsin's substance abuse (alcohol and other drug abuse) treatment capacity and utilization. These efforts had relied upon data systems having problems with completeness and accuracy and therefore the use of the results were limited. In addition, earlier data systems were limited in their scope and collected data only on publicly supported treatment. This study resolves some data problems and incorporates information on privately funded treatment as well.

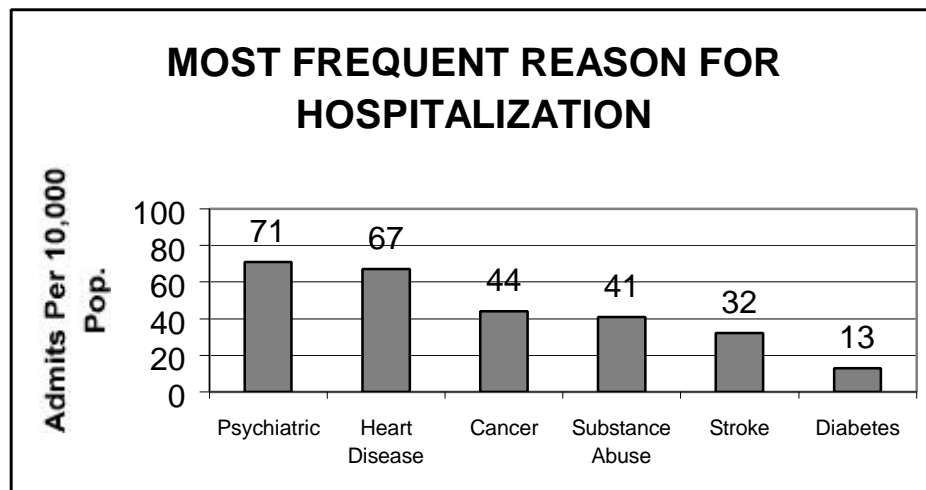
About six years ago, Congress passed a law requiring the federal Department of Health and Human Services to obtain needs assessment data from states in exchange for the allocation of Substance Abuse Block Grant funds. Wisconsin receives over \$20 million from this fund. This study was made possible under a federal Substance Abuse and Mental Health Services Administration (SAMHSA) needs assessment contract (#270-95-0011). The report fulfills one of the goals of the needs assessment contract which was to provide substance abuse treatment capacity and utilization information to state planners and policy makers. Data will also be used to complete application forms required for the receipt of Block Grant funds -- forms 7 and 12.

In addition to this treatment capacity analysis, the overall needs assessment project includes four other studies: (1) a composite indicators study; (2) statewide household substance abuse telephone survey; (3) pregnant women study; and (4) an arrestee study.

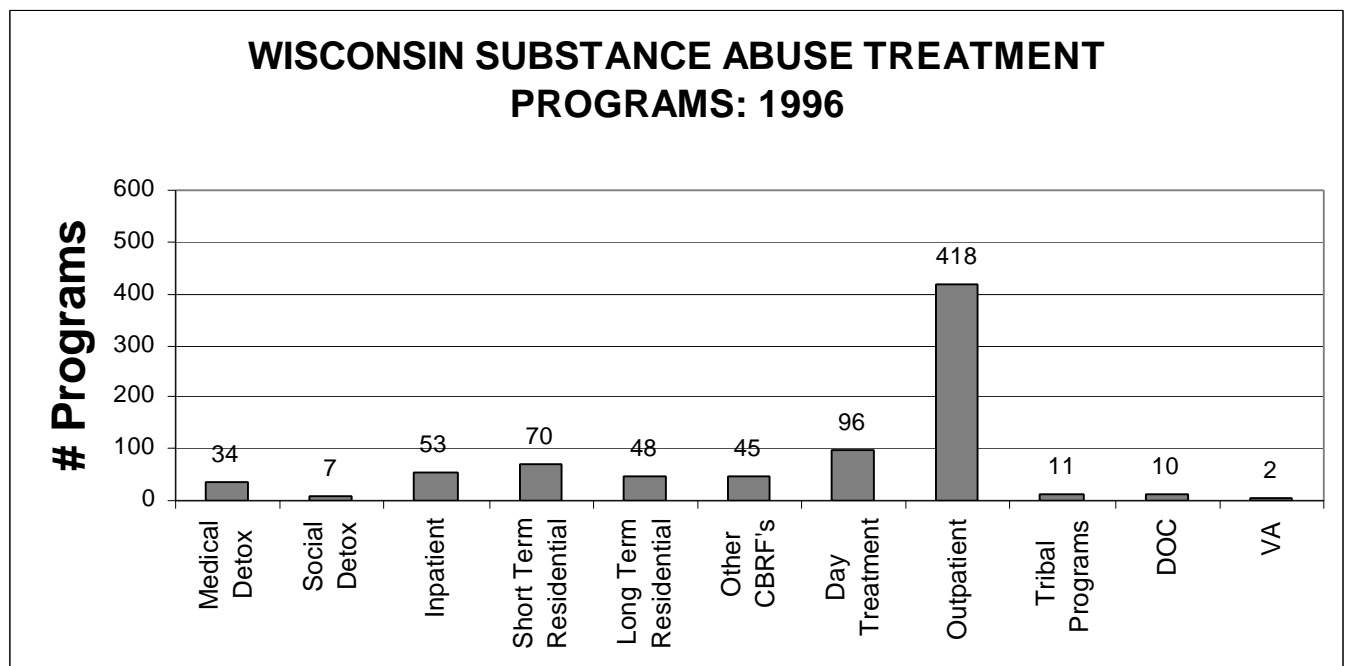
The State Department of Health and Family Services entered into a subcontract with the University of Wisconsin Center for Health Policy and Program Evaluation (CHPPE) to complete a survey of Wisconsin's substance abuse treatment providers, called the Supplemental Treatment Facility Survey. It was decided that the best source of treatment data was the providers themselves. CHPPE also analyzed other existing treatment data including the Uniform Facility Data Set, Human Services Reporting System, and the Medicaid Management Information System.

It is important for provider, county, and state planners and administrators to have access to treatment capacity information for making cost projections for various new initiatives including managed care. The implications of this study will primarily be determined by the individual user. Service activity and cost information can be used for planning purposes at the State and County levels. For example, costs can be compared for efficiency evaluation purposes. Service distribution data can be used to evaluate a County's continuum of care. Future annual studies of this kind will seek to modify the original design and to further improve the accuracy and completeness of the information.

This first chart (next page) lends perspective to the data presented. The relative magnitude of substance abuse problems can be seen vividly when compared with other medical problems. According to a 1996 report by the Wisconsin Division of Health, alcohol or drug abuse is the fourth leading cause of hospitalizations. For males age 15-44, alcohol or other drug abuse is the leading cause of hospitalization. It should also be noted that alcohol and other drug abuse is the fourth leading cause of death in Wisconsin behind heart disease, cancer, and stroke.



The bar graph below shows there are an estimated 793 substance abuse treatment programs serving Wisconsin residents. All counted, there are 410 owner-ships having services at 850 locations. According to the federal Uniform Facility Data Set survey and a special Wisconsin expenditure survey of Block Grant-funded programs, about 210 of these receive funding from public sources (i.e. state community aids, federal block grant, county match, etc.). Fewer than 120 providers receive federal Block Grant funds. The remaining providers receive revenues from Medical Assistance, private health insurance, HMO's, and employers.

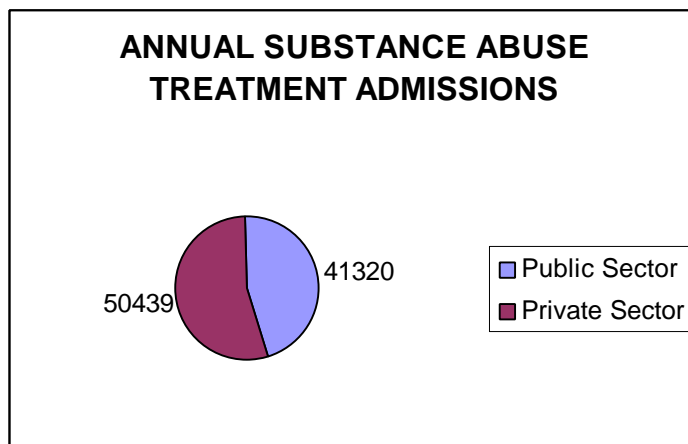


The study found some notable differences between public and private sector substance abuse

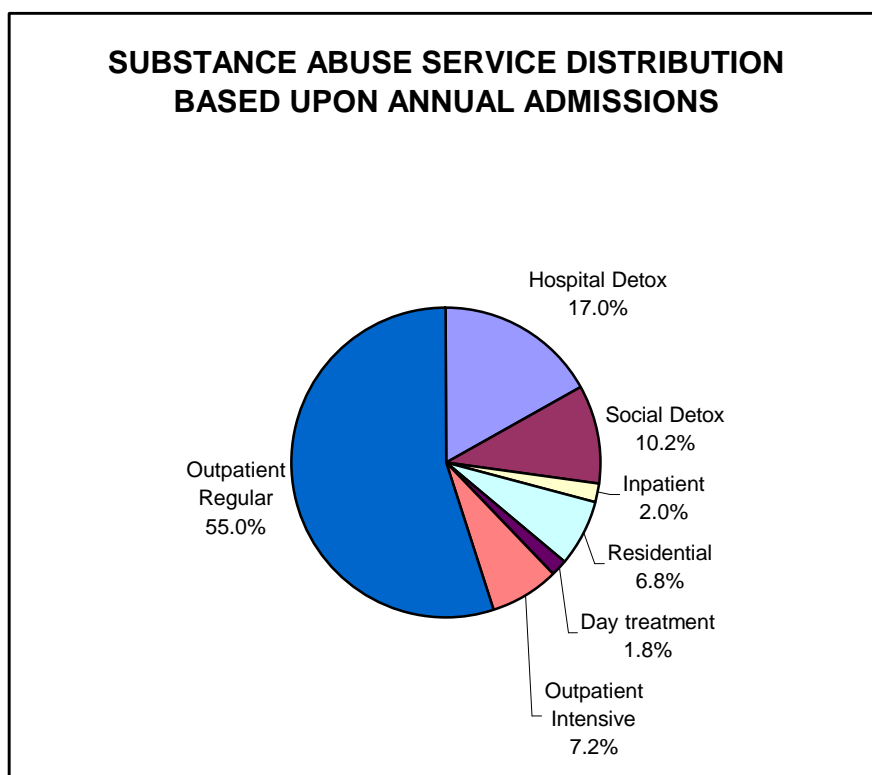
services pertaining to client characteristics. For example, the private sector serves a slightly greater proportion of youth, elderly, people of color, and women than the public sector programs.

Other client profile information suggest that the typical AODA client has a high school education, is employed, referred as a result of contact with the criminal justice system, and abuses alcohol.

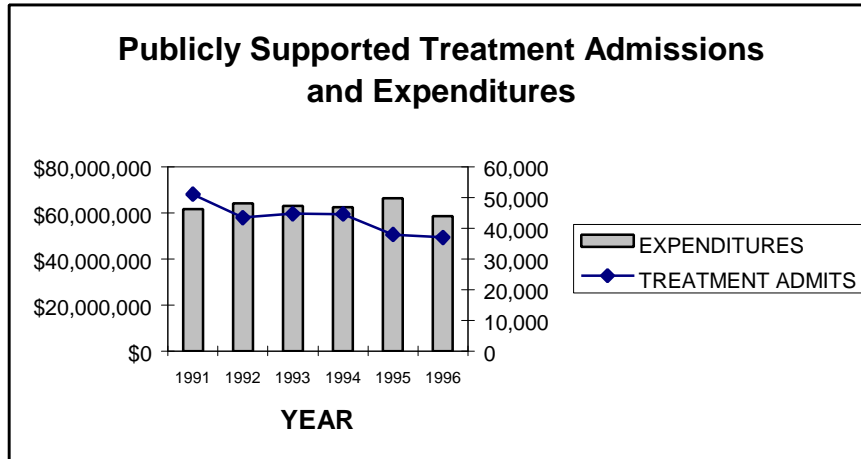
Over 90,000 Wisconsin residents receive substance abuse treatment services each year. The following pie chart depicts the frequency of annual treatment admissions between the public and private sectors. The private sector accounts for 55 percent of those receiving services.



The overall distribution of public and private treatment services is presented in the next pie chart. Regular outpatient is by far the most frequently used service followed by detoxification services.



Trends in treatment admissions and expenditures for publicly supported services are presented in the next figure. There is an overall downward trend in admissions and fluctuations in expenditures.



The study attempted to obtain useful occupancy or usage information using the Supplemental Treatment Facility Questionnaire. The information comparing utilization with capacity for various services has been written up in the main report. However, the information is not included in this executive summary because of missing data and some providers who misunderstood the meanings of some questions in the survey. In addition, there is debate about the interpretation of the usage information that will be resolved in the next survey.

A list and map of providers having waiting lists follow. Approximately two-thirds are residential programs. Milwaukee and Dane Counties each have at least eight providers with waiting lists. Studies have shown that persons entering treatment from a waiting list have poorer outcomes.

## Facilities Reporting a Waiting List: 1996

FACILITY	CITY	COUNTY	SERVICES
ADAMS COUNTY DEPT OF COMMUNITY PROGS	FRIENDSHIP	ADAMS	ROUT
ASHLAND AREA COUNCIL	ASHLAND	ASHLAND	ROUT;IOUT
NORTHERN PINES COMMUNITY PROGRAMS	CUMBERLAND	BARRON	RES; ROUT
JACKIE NITSCHKE CENTER	GREEN BAY	BROWN	STRES; ROUT
ALPINE COUNTRY HOUSE INC	NEW FRANKEN	BROWN	RES
SCHWERT AODA TREATMENT CENTER	MADISON	DANE	LTRES; HH
ARC HOUSE	MADISON	DANE	LTRES; ROUT
ARC CENTER FOR WOMEN AND CHILDREN	MADISON	DANE	DT
MENTAL HEALTH CENTER OF DANE COUNTY	MADISON	DANE	ROUT
HOPE HAVEN INC	MADISON	DANE	STRES
HOPE HAVEN INC NORTH BAY LODGE	MADISON	DANE	RES
REBOS HOUSE OF WISCONSIN INC	MADISON	DANE	RES
ARC COMMUNITY SERVICES INC	MADISON	DANE	IOUT
TELLURIAN U CAN INC	MADISON	DANE	LTRES
DODGE COUNTY DEPT OF HUMAN SERVICES	JUNEAU	DODGE	ROUT
PSYCHIATRIC ASSOCIATES	BEAVER DAM	DODGE	ROUT
RECOVERY CENTER INC	SUPERIOR	DOUGLAS	LTRES; ROUT; IOUT
LUTHERAN SOCIAL SERVICES	EAU CLAIRE	EAU CLAIRE	HH
TRINITEAM	EAU CLAIRE	EAU CLAIRE	ROUT
BEACON HOUSE	FOND DU LAC	FOND DU LAC	HH
GREEN COUNTY HUMAN SERVICES	MONROE	GREEN	ROUT
FRANCISCAN SKEMP HEALTH CARE	ELROY	JUNEAU	LTRES; HH
FRANCISCAN SKEMP LAAR HOUSE	LA CROSSE	LACROSSE	HH
FRANCISCAN SKEMP HEALTH CARE	LA CROSSE	LACROSSE	ROUT
MANITOWOC COUNTY HUMAN SERVICES DEPT	MANITOWOC	MANITOWOC	ROUT
ELMERGREEN ASSOCIATES	WAUSAU	MARATHON	ROUT; IOUT
CENTRE FOR WELL-BEING	WAUSAU	MARATHON	ROUT
CAREER YOUTH DEVELOPMENT	MILWAUKEE	MILWAUKEE	DT; ROUT; IOUT
WINGS PROGRAM	MILWAUKEE	MILWAUKEE	HH
META HOUSE	MILWAUKEE	MILWAUKEE	STRES; LTRES
IMANI II HARAMBEE OMBUDSMAN	MILWAUKEE	MILWAUKEE	LTRES
UNITED COMMUNITY CENTER	MILWAUKEE	MILWAUKEE	RES; ROUT
THURGOOD MARSHALL HOUSE	MILWAUKEE	MILWAUKEE	HH
KETTLE MORRAINE RESIDENTIAL TRT CENTER	MILWAUKEE	MILWAUKEE	RES
HORIZONS INC	MILWAUKEE	MILWAUKEE	RES
DEPARTMENT OF VETERANS AFFAIRS	TOMAH	MONROE	HRES; RES
KOINONIA	RHINELANDER	ONEIDA	RDTX; STRES
THE MOORING PROGRAMS INC	APPLETON	OUTAGAMIE	RDTX; HH
UNITED BEHAVIORAL HEALTH SERVICES	MENASHA	OUTAGAMIE	RES; HRES; HH
UNITED BEHAVIORAL HEALTH SERVICES	APPLETON	OUTAGAMIE	DT; ROUT; IOUT
PIERCE COUNTY DEPT OF HUMAN SERVICES	ELLSWORTH	PIERCE	HRES; HH; IOUT
COMMUNITY ALCOHOL AND DRUG ABUSE CTR	STEVENS POINT	PORTAGE	LTRES
TRANSITION HOUSE	BURLINGTON	RACINE	RES
KETTLE MORRAINE SPRING PLACE	RACINE	RACINE	LTRES; DT;HH
KETTLE MORRAINE DURAND HOUSE	RACINE	RACINE	HH
KETTLE MORRAINE ST. CLAIR HOUSE	RACINE	RACINE	LTRES
BURKWOOD RESIDENCE	HUDSON	SAINT CROIX	LTRES; RDTX
LAC COURTE OREILLES	HAYWARD	SAWYER	HH
KETTLE MORRAINE SHEBOYGAN	SHEBOYGAN	SHEBOYGAN	LTRES
TAYLOR COUNTY HUMAN SERVICES	MEDFORD	TAYLOR	RES;LTRES;ROUT
AIN DAH ING INC	SHELL LAKE	WASHBURN	RES
NOAH HOUSE	WAUKESHA	WAUKESHA	HH
ARO COUNSELING CENTERS	WAUKESHA	WAUKESHA	DT; ROUT; IOUT
WAUKESHA COUNTY DEPT OF HEALTH	WAUKESHA	WAUKESHA	ROUT
WINNEBAGO MENTAL HEALTH-ANCHORAGE	WINNEBAGO	WINNEBAGO	RHOSP
SUMMIT HOUSE	OSHKOSH	WINNEBAGO	RES

**Service Abbreviations:** DT—Day Treatment. HH—Halfway House. RHOSP: Hospital Rehabilitation. LTRES: Long-term Residential. STRES: Short Term Residential. RES: Residential, Not Specified. ROUT: Regular Outpatient. IOUT: Intensive Outpatient. RDTX: Residential Detoxification. HDTX: Medical Detoxification.

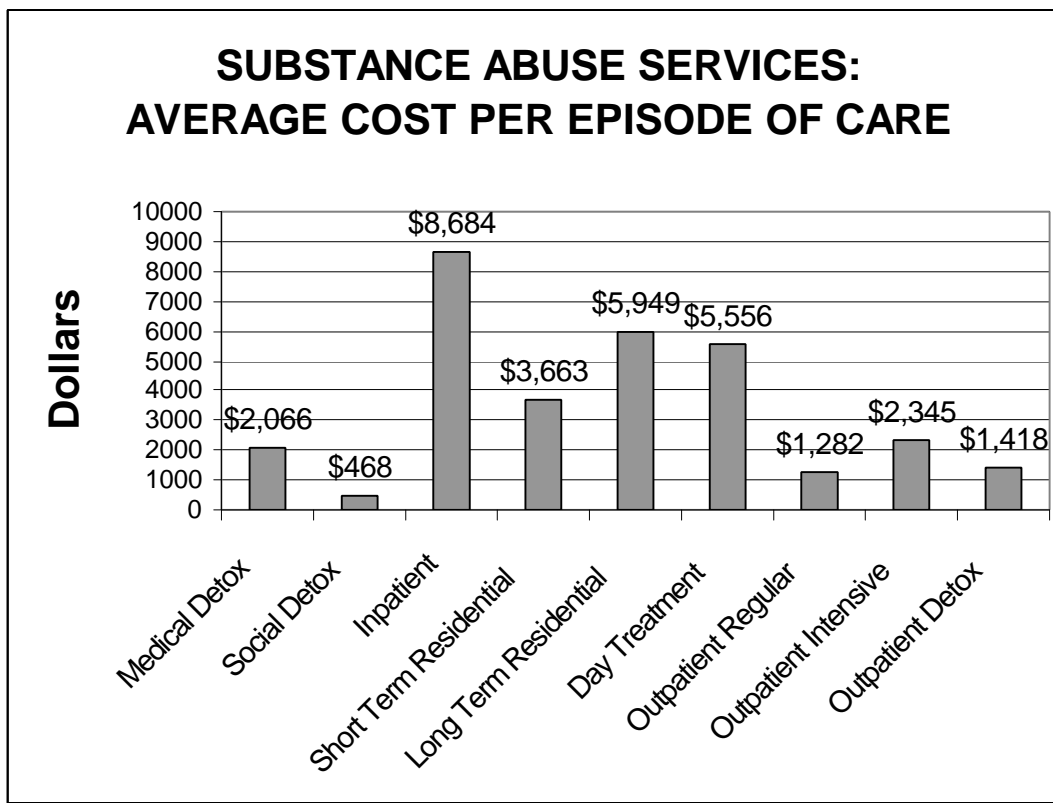
The following table of service activity and costs includes all discharges.

**Supplemental Survey Financial Data  
Units and Cost by Modality, for Public and Private Facilities  
1996**

Modality	Average Cost per Unit	Unit	Average Units per Episode	Cost per episode	Number of Facilities Reporting
Hospital Detoxification	\$738	Day	2.8 days	\$2,066	57
Residential Detoxification	167	Day	2.8 days	468	8
Inpatient Rehabilitation	334	Day	26.0 days	8,684	18
Residential— < 31 days	142	Day	25.8 days	3,663	15
Residential— > 30 days	95	Day	72.9 days	6,926	28
Halfway House	62	Day	80.2 days	4,972	28
Day Treatment	43	Hour	129.2 hours	5,556	67
Outpatient— Regular	72	Hour	17.8 hours	1,282	182
Outpatient— Intensive	47	Hour	51.8 hours	2,345	76
Outpatient— Detoxification	189	Hour	7.5 hours	1,418	5

Average episode costs are compared in the next chart. While inpatient services have the highest cost, inpatient represents only 2 percent of all service admissions.

Funding for public sector substance abuse treatment comes from a variety of public and private



sources as indicated below. Public-Government includes federal, state, and county funds. Public-Third Party includes Medical Assistance and Medicare. The Other category includes client fees, donations, and the like. Whereas an earlier pie chart identified private sector providers accounting for 55 percent of treatment admissions and the table below showing that private revenues account for about 50 percent of services, the discrepancy can be explained by the source of the data. Data from the pie chart on admits came from a comprehensive survey of public and private programs. The revenue data below came only from providers receiving at least some public funding.

SOURCE	AMOUNT	PERCENT
Public Government	\$61,715,446	50%
Public-Third Party	\$18,968,190	15%
Private-Third Party	\$30,304,459	25%
Other	\$11,526,634	9%
TOTAL	\$122,514,729	

The full report presents county level data for all services, however, the table that follows gives the reader a glimpse of the range of service activity and cost information for regular outpatient services among counties.

**Regular Outpatient: Average Units, Unit Cost, and Episode Cost: 1996**

County	Units per Episode	Cost per Unit	Episode Cost	County	Units per Episode	Cost per Unit	Episode Cost
Adams	7	\$53	371	Marathon	7.9	101	798
Ashland	11	82	902	Marinette	12	85	1,020
Barron	15	81	1,215	Milwaukee	19.2	72	1,382
Bayfield	11.5	93	1,070	Monroe	9	84	756
Brown	14	95	1,330	Oconto	8	90	720
Buffalo	5	95	475	Oneida	13	68	884
Calumet	16	57	912	Outagamie	22	66	1,452
Chippewa	8	75	600	Ozaukee	16.3	77	1,255
Clark	--	--	--	Pepin	-	--	--
Columbia	6	94	564	Pierce	-	--	--
Crawford	33	54	1782	Polk	15	68	1,020
Dane	12.1	75	908	Portage	13	95	1235
Dodge	8.5	84	714	Price	-	--	--
Door	34.5	80	2,760	Racine	13.5	74	999
Douglas	10	56	560	Richland	3	101	303
Dunn	10	80	800	Rock	19.1	59	1,127
Eau Claire	14.6	71	1037	Rusk	-	--	--
Florence	--	--	-	Sauk	10	71	710
Fond du Lac	9.5	64	608	Sawyer	10.3	61	628
Forest	27.3	73	1,993	Shawano	17	53	901
Grant	10.3	79	814	Sheboygan	17.4	82	1,427
Green	14.9	29	432	St. Croix	24	36	864
Green Lake	3	45	135	Taylor	19	53	1,007
Iowa	--	--	--	Trempealeau	8	93	744
Iron	9	41	369	Vernon	2	36	72
Jackson	5	84	420	Vilas	18	--	--
Jefferson	4.8	89	427	Walworth	9.7	85	825
Juneau	20.5	74	1,517	Washburn	-	--	--
Kenosha	13.3	63	838	Washington	14	72	1,008
Kewaunee	--	70	--	Waukesha	27.6	71	1,960
La Crosse	9.6	80	768	Waupaca	6.8	75	510
Lafayette	10.5	60	630	Waushara	7	52	364
Langlade	8.8	102	898	Winnebago	14	53	742
Lincoln	14.9	71	1,058	Wood	15.5	78	1,209
Manitowoc	17.7	79	1,398	Menominee	8	45	360

**Note:** Unit costs are per hour of treatment and are rounded to the nearest dollar. Units are reported as usual and customary hours of treatment. Episode cost is average dollar cost per episode of treatment.



This report is the first of future annual reports on substance abuse treatment capacity in Wisconsin. In summary, the study clearly demonstrates that substance abuse services are a significant share of health and medical services in the state. The study found many individual programs with large waiting lists, particularly residential programs in urban areas of the state.

Most (80 percent) Wisconsin residents have health insurance coverage for substance abuse services. Yet the private sector accounts for only 55 percent of total treatment admissions. Publicly supported programs are serving a disproportionately larger share of the treatment population. Private insurers should review their policies to ensure that those needing and seeking treatment receive it.

The utilization of various substance abuse services shows an over emphasis on regular outpatient (55 percent) and detoxification (17-27 percent). This indicates that service gaps exist in some areas of the state. Service intensity (the amount of services) and costs vary considerably across the state suggesting the need for policies and practices that encourage more uniformity.

A critical item of information is absent from this study, that is, accurate and useful outcomes. Future studies will begin to address outcomes of care in relation to services provided and costs.